

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY 12 AM 10:33

DOCUMENT # L02000023087

1. Limited Liability Company's Name

Christopher T. Hill, P.L.

600155529406
05/06/09--01020--008 **416.25

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
390 N. Orange Avenue

3. Mailing Office Address
601 N. Ashley Drive

Suite, Apt. #, etc.
Suite 1610

Suite, Apt. #, etc.
Suite 1200

City & State
Orlando, FL

City & State
Tampa, FL

Zip Country
32802 USA

Zip Country
33602 USA

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 09/01/2002

6. FEI Number
460502280

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Christopher T. Hill

Street Address (P.O. Box Number is Not Acceptable)
390 N. Orange Avenue

Suite, Apt. #, Etc.
Suite 1610

City
Orlando

State Zip Code
FL 32802

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 5/1/09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Christopher T. Hill	390 N. Orange Ave., Suite 1610	Orlando, FL 32802

REINSTATEMENT 2007-2009

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date 5/1/09 Daytime Phone # 407-926-7460

Typed or printed name of signing Managing Member/Manager Christopher T. Hill

T Hampton MAY 13 2009